



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE:	MORTALITY REVIEWS	POLICY 7.05
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Authority: Chapter 71A RCW

Reference: DSHS Administrative Policy 9.01, *Incident Reporting*  
DSHS Administrative Policy 9.03, *Administrative Review - Deaths of Residential Clients*  
DDD Policy 9.10, *Client Autopsy*  
DDD Policy 12.01, *Incident Management*

### **PURPOSE**

This policy establishes guidelines for the review of the deaths of individuals who are clients of the Division of Developmental Disabilities (DDD). These reviews are intended to monitor support systems and programmatic operations to ensure reasonable medical, educational, legal, or psychological interventions are being provided prior to deaths. A “reasonable” intervention is one that would have been possible given known circumstances and resources available. The systematic review of deaths described in this policy does not replace procedures conducted by investigative agencies.

### **SCOPE**

This policy applies to DDD staff.

### **POLICY**

DDD has established a consistent process for review of all deaths of individuals supported by the division, as defined in the *Procedures* section of this policy, in an effort to:

- Identify factors that may have contributed to the deaths; and
- Recommend measures to improve supports and services for persons served by DDD.

**PROCEDURES**

- A. Deaths of Individuals Residing in Residential Habilitation Centers (RHC) and Community ICF/IMRs
1. RHCs shall follow the procedures and requirements of [DSHS Administrative Policy 9.03, Administrative Review - Deaths of Residential Clients](#).
  2. The RHC sends a copy of the death report to the Chief, DDD Office of Quality Assurance.
- B. Deaths of individuals receiving services from a certified Supported Living Provider, or who resided in a Group Home, an Adult Family Home, or a Companion Home
1. The Case Resource Manager (CRM) files an incident report via the DDD Electronic Incident Reporting System immediately upon notification of the death and updates it as new information becomes available.
  2. The service provider completes [Part 1: Provider Report of the DDD Mortality Review form \(DSHS 10-331\)](#) and forwards it to the CRM within fourteen (14) calendar days of the death.
  4. Upon receipt of the provider's report, the CRM completes [Part 2: Case Resource Manager Report \(DSHS 10-331A\)](#) and forwards it to the Regional Quality Assurance Manager (QAM) within 14 calendar days of receipt of the *Provider Report*.
  5. The Regional QAM reviews *Parts 1 and 2*, completes [Part 3: Quality Assurance Report, \(DSHS 10-331B\)](#) and forwards the full report to the Office of Quality Assurance within 21 calendar days of receipt of [Part 2: Case Resource Manager Report](#).
  6. If the death was unusual or unexplained, refer to Section D of this policy.
- C. Deaths of individuals residing in settings other than those described in A. and B. above
1. The CRM files an incident report via the DDD Electronic IR System immediately upon notification of the death and updates it as new information becomes available.
  2. If the death occurs when the client is in the care of a paid individual service provider (e.g., Medicaid Personal Care, Alternative Living or respite care provider), the CRM must consult with the Field Services Administrator to determine whether additional follow-up is warranted. The outcome of this consultation and the grounds for the

decision on whether or not to request a mortality review should be documented in the Electronic IR System.

3. If the death was unusual or unexplained, refer to Section D of this policy.
- D. The Region may assemble a “mortality review team” to conduct an additional internal fact-finding review and make recommendations for follow-up action, as appropriate, in cases where the circumstances were unusual or unexplained.
1. The fact-finding review may identify issues in three areas:
    - a. Policy and procedures;
    - b. Clinical support practices; and
    - c. Medical practice.

Specific personnel issues must be addressed separately.
  2. The regional mortality review team may review its preliminary draft with the division’s Assistant Attorney General.
  3. Upon completion, the regional mortality review team forwards its report and recommendations to the DDD Office of Quality Assurance.
  4. If the Regional Administrator or designee develops an action plan, a copy of this plan is also sent to the DDD Office of Quality Assurance.
- E. The Incident Management Program Manager (IMPM) shall order and review all death certificates, and send a copy to the region for inclusion in the deceased’s file.
- F. Central Office Mortality Review Team
1. For further review of deaths described in A and B above, and in all cases where an additional review was conducted due to unusual or unexplained circumstances, the Division Director shall appoint a Mortality Review Team (MRT) to review the information gathered by the regions and submitted to Central Office. The team shall include the following members:
    - a. Chief, Office of Quality Assurance and Self-directed Services;
    - b. Clinical Practices Manager;

- c. Community Residential Services Program Manager;
  - d. Incident Management Program Manager;
  - e. Mental Health Professional; and
  - f. Registered Nurse or Physician.
2. In conducting its work, the MRT will:
- a. Review all Mortality Review Reports submitted by the regions;
  - b. Review data from the Electronic Incident Reporting System and identify any trends and/or patterns;
  - c. Report its findings to the Division Director at least quarterly;
  - d. Make recommendations to the DDD Office of Quality Assurance concerning needed training, policy changes, and other related issues; and
  - e. Submit an annual report to DDD executive management.
3. Within 60 calendar days of receipt of the *Regional Mortality Review Report*, the MRT completes [Part 4: Central Office Review \(DSHS 10-331C\)](#) and forwards copies to the applicable region.

### **EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Division Director.

### **SUPERSESSION**

DDD Policy 7.05

Issued August 11, 2003

Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

Date: April 7, 2005